

CLAIMANT NAME	SSN	BYR	OFFICE	PROG	WSC	WBA

I CLAIM BENEFITS FOR THE WEEK BEGINNING ON SUNDAY AND ENDING ON SATURDAY _____.

THE FOLLOWING QUESTIONS REFER TO THE ABOVE WEEK.

YES

NO

(A) LAST DAY WORKED _____.

1. DID YOU WORK, HAVE HOLIDAY PAY OR RECEIVE PAY FOR MILITARY DRILL OR SELF-EMPLOYMENT FOR WHICH YOU WERE PAID OR WILL BE PAID? IF YES, ENTER TOTAL AMOUNT BEFORE DEDUCTIONS AND COMPLETE ITEMS A, B, AND C TO THE RIGHT. **CIRCLE TYPE OF PAY.**

0

0

DOLLARS

CENTS

HOURS

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2. DURING EACH DAY OF THE WEEK WERE YOU ABLE AND AVAILABLE TO WORK?

0

0

(B) LACK OF QUIT DIS- STILL OTHER
WORK WORK CHARGED EMPLOYED

0

0

0

0

0

3. DID YOU REFUSE WORK OR A REFERRAL TO WORK, REFUSE RECALL TO A FORMER EMPLOYER, QUIT A JOB, GET FIRED, SUSPENDED FROM A JOB, BEGIN ATTENDING SCHOOL OR A TRAINING PROGRAM?

0

0

4. DURING THE WEEK, DID YOU APPLY FOR OR BEGIN RECEIVING ANY TYPE OF VACATION, SEPARATION, BONUS, OR RETIREMENT PAY EXCLUDING SOCIAL SECURITY? **CIRCLE TYPE OF PAY.**

0

0

(C) EMPLOYER'S NAME AND ADDRESS

5. HOW MANY JOB CONTACTS DID YOU MAKE IN THIS WEEK? WRITE NUMBER IN BOX.

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IF YOU ARE REQUIRED TO REPORT YOUR CONTACTS IN WRITING, PLEASE WRITE THEM IN THE SPACE PROVIDED IN YOUR BENEFITS INFORMATION HANDBOOK.

MAIL THIS CLAIM FORM AFTER SATURDAY DATE SHOWN ABOVE.

SIGNATURE: _____

IF YOUR ADDRESS HAS CHANGED, SHOW CHANGE BELOW.

ADDRESS CHANGE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME:		
STREET OR BOX NO.:		
CITY:	STATE:	ZIP CODE:
PHONE NO.: ()		

RETURN THIS CARD TO THE LOCAL OFFICE ADDRESS LISTED BELOW AS INSTRUCTED BY YOUR LOCAL OFFICE.

☐ MAIL IN AFTER SATURDAY DATE ABOVE.

CERTIFICATION: I CERTIFY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM NOT CLAIMING OR RECEIVING ANY BENEFITS FROM ANOTHER UNEMPLOYMENT PROGRAM FOR THE ABOVE WEEK. I AM AWARE I MAY BE PENALIZED FOR GIVING FALSE ANSWERS AND FOR WITHHOLDING INFORMATION.

IF YOU HAVE RETURNED TO WORK FULL-TIME AFTER THE SATURDAY DATE SHOWN ABOVE, COMPLETE BELOW.

DATE BEGAN WORK:	<input type="checkbox"/> FULL-TIME
	<input type="checkbox"/> PART-TIME
EMPLOYER NAME:	
STREET OR BOX NO.:	
CITY:	STATE: ZIP CODE:

☐ BRING IN ON _____ SCHEDULED DATE

L.O. USE:

This form is to be used by the person to whom it was issued. Do not give it to anyone else for the purpose of claiming benefits.

Instructions For Completion of Your Weekly Claim Form

Following are instructions on how to fill out your claim form. After reading these instructions, if you have questions on the completion of the form, ask your local office for assistance.

The week ending date you will be claiming is to be entered in the space provided. Answer the questions on each weekly claim with respect to the week you are claiming.

Question #1: Darken the circle under the **no** if you did not work during the week ending date on the claim or receive holiday pay, vacation pay, or pay for military drill or self-employment for the week you are claiming. Darken the circle under the **yes** if you worked or received or will receive holiday pay, vacation pay, or pay for military drill or self-employment for the week you are claiming.

Draw a circle around the appropriate word(s). If you **worked** during the week being claimed, draw a circle around the word "**work**". If you received or will receive holiday pay for the week being claimed, draw a circle around the words "**holiday pay**". If you received or will receive vacation pay for the week being claimed, draw a circle around the words "**vacation pay**". If you had military drill during the week being claimed, draw a circle around the words, "**military drill**". If you **worked** in self-employment during the week being claimed, draw a circle around the words, "**self-employment**".

If your answer is **yes** to question #1, you must also answer questions (a), (b) and (c) on the right hand side of the claim form in accordance with the following instructions:

(A) Last Day Worked

If you **worked** for an employer, performed self-employment, or had military drill during the week claimed, enter the last day you worked, performed self-employment, or had military drill during the week.

Earnings

Enter the gross amount before deductions that you were paid or will be paid for the week for work, holiday pay, vacation pay, military drill or self-employment in the boxes marked "**dollars**" and "**cents**".

Hours Worked

Enter the number of hours that you worked. Use whole number of hours only. For example, if you worked 14 1/2 hours, enter 14 hours.

(B) Reason For Separation

If you worked during the week being claimed and you are **separated** from work during that week, darken the circle that applies (*lack of work, quit, discharged or other*). If you **worked** during the week and you are still working for that employer, darken the circle in the "**still employed**" box.

(C) Employer Name and Address

If you **worked** during the week you are claiming, enter the name and address of the employer for whom you worked.

Question #2: Darken the circle under the **yes** if you were able and available to work **each day** of the week you are claiming. Darken the circle under the **no** if you were not able and available to work **each day** of the week you are claiming. If you answered **no** to question #2, you will need to give your local office a statement. Contact your local office before mailing your claim form and provide the local office with detailed information as to why you were not able and available to work each day of the week.

Question #3: Darken the circle under the **yes** if during the week you are claiming, you refused work or a referral to a job, refused recall to a former employer, quit a job, were fired, suspended from a job, or began school or a training program.

Draw a circle around the appropriate word(s). If you refused any kind of work during the week being claimed, draw a circle around the words "**refuse work**". If you refused a referral to work during the week being claimed, draw a circle around the words "**referral to work**". If you refused recall to a former employer during the week being claimed, draw a circle around the words "**refuse recall to a former employer**". If you quit a job during the week being claimed, draw a circle around the words "**quit a job**". If you were fired (*discharged*) from your job during the week being claimed, draw a circle around the words "**get fired**". If you got suspended from your job during the week being claimed, draw a circle around the words "**suspended from a job**". If you started attending school or a training program during the week being claimed, draw a circle around the words "**began attending school or a training program**".

If your answer is **yes** to question #3, you will need to give your local office a statement. Contact your local office before mailing your claim form to provide them with a detailed statement as to why you answered **yes** to this question. Darken the circle under **no** if during the week being claimed, you did not refuse work, quit a job, get fired or suspended from a job or begin school or a training program.

Question #4: Darken the circle under the **yes** if during the week being claimed, you applied for or began receiving vacation, separation, bonus, or retirement pay. Draw a circle around the appropriate word(s). If you received or will receive separation pay for the week being claimed, draw a circle around the word "**separation**". If you received a bonus payment (*including profit sharing*) during the week being claimed, draw a circle around the word "**bonus**". If you applied for or began receiving retirement pay (*excluding social security*) during the week being claimed, draw a circle around the words "**retirement pay**".

If your answer is **yes** to question #4, you will need to give your local office a statement. Contact your local office before mailing your claim form to provide them with detailed information as to why you answered **yes** to this question. Darken the circle under the **no** if during the week you are claiming, you did not apply for or begin receiving vacation, separation, bonus or retirement pay.

Question #5: Enter the number of job contacts you made during the week in the box beside this question. If you are **not required** to make job contacts, enter 0.

Reporting Job Contacts

If you are required to record your job contacts each week, you need to enter all the required information on your job contacts for the week you are claiming on the form provided in the back of your information handbook.

Address and Telephone Number Changes

If you have changed your address since last claiming, enter your new address and/or telephone number in the space provided.

Signature

Please be sure to sign your name in the space provided on the claim form.

Mailing Your Weekly Claim Form

Once you have completed your weekly claim form, check it for accuracy. The appropriate mailing address will be on the claim form. If you have returned to full-time work, please enter the employer information in the "**return to work information**" section. You will need to mail your weekly claim after the week ending date being claimed. You have seven (7) days from the week ending date you are claiming to submit your weekly claim form in a timely manner. If you need assistance in completing your weekly claim form, contact your local employment office.